

**Application Data Sheet**  
**Application Information**

**Application number::**

**Filing Date::**

**Application Type::** Regular

**Subject Matter::** Utility

**Suggested classification::**

**Suggested Group Art Unit::**

**CD-ROM or CD-R?::** None

**Number of CD disks::**

**Number of copies of CDs::**

**Sequence submission?::** Paper

**Computer Readable Form (CRF)?::**

**Number of copies of CFR::**

**Title::** Improved Connection Pool and Prepared  
Statement Cache

**Attorney Docket Number::** BEAS-1340US2

**Request for Early Publication?::** No

**Request for Non-Publication?::** No

**Suggested Drawing Figure::** 1

**Total Drawing Sheets::** 7

**Small Entity?::** No

**Latin name::**

**Variety denomination name::**

**Petition included?::** No

**Petition Type::**

**Licensed US Govt. Agency::** No

**Contract or Grant Numbers::**

**Secrecy Order in Parent Appl.?:** No

### **Applicant Information**

**Applicant Authority Type::** Full Capacity

**Primary Citizenship Country::** India

**Status::** Inventor

**Given Name::** Rahul

**Middle Name::**

**Family Name::** Srivastava

**Name Suffix::**

**City of Residence::** Randolph

**State or Province of Residence::** NJ

**Country of Residence::** US

**Street of mailing address::** 27 Arnold Drive

**City of mailing address::** Randolph

**State or Province of mailing address::** NJ

**Country of mailing address::** US

**Postal or Zip Code of mailing address::** 07869

**Applicant Authority Type::** Full Capacity

**Primary Citizenship Country::** US

**Status::** Inventor

**Given Name::** Adam

**Middle Name::**

**Family Name::** Messinger

**Name Suffix::**

**City of Residence::** 317 29th St., #306  
**State or Province of Residence::** CA  
**Country of Residence::** US  
**Street of mailing address::** 317 29<sup>th</sup> Street, #306  
**City of mailing address::** San Francisco  
**State or Province of mailing address::** CA  
**Country of mailing address::** US  
**Postal or Zip Code of mailing address::** 94104

### Correspondence Information

**Correspondence Customer Number::** 23910  
**Phone number::** (415) 362-3800  
**Fax Number::** (415) 362-2928  
**Email address::** SBachmann@fdml.com]

### Representative Information

**Representative Customer Number::** 23910

### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e) Provisional	60/450,976	02/28/03

### Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

**Assignee Information**

<b>Assignee Name::</b>	BEA Systems, Inc.
<b>Street of mailing address::</b>	2315 North First Street
<b>City of mailing address::</b>	San Jose
<b>State or Province of mailing address::</b>	CA
<b>Country of mailing address::</b>	US
<b>Postal or Zip Code of mailing address::</b>	95131